



**STATEMENT OF
PERSONAL HISTORY**

Motor Vehicle Dealer/Sales Finance Company



Motor Vehicle Division (MVD) license applicants: You must complete sections I, V(A) and VI.

Arizona Department of Financial Institutions (AZDFI) license applicants: You must complete all sections.

Do not leave blank spaces. If not applicable, enter "N/A".

Section I – Identifying Information

MVD License Number (if currently licensed)		AZDFI License Number (if currently licensed)	
Individual's Full Legal Name (first, middle, last, suffix)			Title
Permanent Residence Address		City	State Zip
Arizona Residence Address (if different from above)		City	State Zip
Mailing Address (if different from above)		City	State Zip
Business Phone ()	Residence Phone ()	Fax ()	E-mail Address
Aliases/Nicknames/Other Names Used			Maiden Name (if applicable)
Social Security Number		Date of Birth	Place of Birth (city, state, country)
Current Driver License Number	State	Expiration Date	Cell Phone ()
Previous Driver Licenses (list all states and countries where licensed)			

☐ Yes ☐ No Are you a US citizen?

☐ Yes ☐ No Are you an Arizona resident?

Years of Residency in AZ

For amendments only:

If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation.

Individual's New Full Legal Name (first, middle, last, suffix)
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Section II – Fingerprint Requirements

I certify that if I am applying for a motor vehicle dealer license with the Arizona Department of Transportation, Motor Vehicle Division (MVD) and/or the Arizona Department of Financial Institutions (AZDFI), I have submitted or will submit a fingerprint card to MVD for use in a national criminal records check. I certify that if I am applying for a sales finance company license, that I have submitted or will submit a fingerprint card to AZDFI or, if applicable, to MVD.

Should there be any question regarding the results of the national criminal records check, then I agree to submit another fingerprint card and applicable processing fee to the AZDFI, so that they may obtain my national criminal record.

Furthermore, I authorize both agencies to run separate criminal record checks.

Note: The fingerprint card will be used to run a national record check with the FBI. Applicants will be required to provide a government photo ID at the time the fingerprints are taken.

Initials

Section III – Prior Residence Information (AZDFI applicants only)

Show all addresses where you have lived in the past 10 years (in chronological order, with the most recent first). Attach additional pages, if needed.

From	To			
Prior Residence Address		City	State	Zip

From	To			
Prior Residence Address		City	State	Zip

From	To			
Prior Residence Address		City	State	Zip

From	To			
Prior Residence Address		City	State	Zip

Section IV – Employment Information (AZDFI applicants only)

Show all employment (including current position) you have had in the past 10 years (in chronological order, with the most recent first). Operating your own business is considered employment. Include any position you have had as partner, director or trustee.

You may also provide a résumé, in addition to completing this form. Résumé and personal references are **not** accepted in lieu of completing this form. Attach additional pages, if needed.

From	To	Employer Name		
Employer Address		City	State	Zip
Position/Title		Supervisor Name		
Duties		Reason For Leaving		

From	To	Employer Name		
Employer Address		City	State	Zip
Position/Title		Supervisor Name		
Duties		Reason For Leaving		

From	To	Employer Name		
Employer Address		City	State	Zip
Position/Title		Supervisor Name		
Duties		Reason For Leaving		

Section V – Disclosures

If the answer to any of the following is Yes, provide complete details of all events or proceedings in an attachment, including as applicable: arresting agency, court name and location, docket or case number, conviction date, disposition/status, summary of event or proceeding, copies of applicable charges and orders and/or consent agreements. Remember to file updates of these disclosures as needed.

For the following questions, “financial services-related” means: Pertaining to securities, commodities, banking, insurance, consumer lending or real estate (including but not limited to: acting as or being associated with a bank or savings association, credit union, Farm Credit System institution, mortgage lender, mortgage broker, real estate salesperson or agent, appraiser, closing agent, title company or escrow agent).

A. Criminal Disclosures

- ☐ Yes ☐ No **All applicants** – In the past ten years, have you been convicted of fraud or any auto-related felony in any state, territory or possession of the United States or foreign country?
- ☐ Yes ☐ No **All applicants** – In the past five years, have you been convicted of a felony other than stated on this application, in any state, territory or possession of the United States or foreign country?
- ☐ Yes ☐ No **AZDFI applicants only:** Have you ever been convicted of or pled guilty or nolo contendere (“no contest”) to any felony or misdemeanor involving: fraud, false statements or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?

B. Regulatory Action Disclosures (AZDFI applicant only)

In the past ten years, has any state or federal regulatory agency or foreign financial regulatory authority ever:

- ☐ Yes ☐ No Found you to have made a false statement or omission or been dishonest, unfair or unethical?
- ☐ Yes ☐ No Found you to have been involved in a violation of a financial services-related regulations or statutes?
- ☐ Yes ☐ No Found you to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?
- ☐ Yes ☐ No Entered an order against you in connection with a financial services-related activity?
- ☐ Yes ☐ No Denied, suspended, canceled or revoked your registration or license or otherwise, by order, prevented you from associating with a financial services-related business or restricted your activities?
- If Yes, provide date license was denied, suspended, canceled or revoked.

Date

- ☐ Yes ☐ No Are you now the subject of any regulatory proceeding that could result in a Yes answer to any question in this section B?
- ☐ Yes ☐ No Has the individual’s authorization to act as an attorney, accountant, or state or federal contractor ever been revoked or suspended?

C. Civil Judicial Disclosures (AZDFI applicant only)

In the past ten years, has any domestic or foreign court:

- ☐ Yes ☐ No Enjoined you in connection with any financial services-related activity?
- ☐ Yes ☐ No Found you to be in violation of any financial services-related statutes or regulations?
- ☐ Yes ☐ No Dismissed, by a settlement agreement, a financial services-related civil action brought against you by a state or foreign financial regulatory authority?
- ☐ Yes ☐ No Are you named in any pending financial services-related civil action that could result in a Yes answer to any part of this section C?

Section VI – Certification Statements

I have read and understand the items and instructions on this form. I have read and understand applicable federal and state laws, and will be in compliance at all times.

I authorize all my current and former employers, law enforcement agencies, and any other person to furnish to any jurisdiction, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination;

I promise to keep current the information contained in this form (including attachments), and to file accurate supplementary information on a timely basis.

I certify that the information contained on this application (including attachments) is true, correct and complete. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers.

Applicant Signature

Acknowledged before me this date.

Notary or MVD Agent Signature

Date	County	State	Commission Expires
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